

ACCOUNT OPTIONS FORM

Please complete the appropriate sections of this form to authorize one or more of the account options below. **Please do not use this form for retirement accounts.**

1

ACCOUNT INFORMATION

Please provide us with your current Segall Bryant & Hamill Funds account information.

Segall Bryant & Hamill Funds Account Number

Owner's Name (First, Middle Initial, Last)

Social Security Number

Date of Birth

Co-Owner's Name (First, Middle Initial, Last)

Social Security Number

Date of Birth

2

ACCOUNT MAILING ADDRESS

Check here if new address

Street Address

City

State

Zip Code

Email Address (optional)

Telephone Number

3

AUTOMATIC INVESTMENT PLAN

Please complete this section to authorize automatic investments into your Segall Bryant & Hamill Funds account. This option allows you to make regular periodic investments into your Segall Bryant & Hamill Funds account directly from your bank checking or savings account. Indicate the dollar amount you would like invested in the Fund or Funds of your choice and tell us how often you would like to invest (minimum investment must be the equivalent of at least \$25 per month per fund).

Fund Name	Amount	Fund Name	Amount
Segall Bryant & Hamill Micro Cap Fund	\$ _____ %	Segall Bryant & Hamill Global Large Cap Fund	\$ _____ %
Segall Bryant & Hamill Small Cap Value Dividend Fund	\$ _____ %	Segall Bryant & Hamill Short Term Plus Fund	\$ _____ %
Segall Bryant & Hamill Small Cap Growth Fund	\$ _____ %	Segall Bryant & Hamill Plus Bond Fund	\$ _____ %
Segall Bryant & Hamill Smid Cap Value Dividend Fund	\$ _____ %	Segall Bryant & Hamill Quality High Yield Fund	\$ _____ %
Segall Bryant & Hamill Mid Cap Value Dividend Fund	\$ _____ %	Segall Bryant & Hamill Municipal Opportunities Fund	\$ _____ %
Segall Bryant & Hamill Fundamental International Small Cap Fund	\$ _____ %	Segall Bryant & Hamill Colorado Tax Free Fund	\$ _____ %
		Total Amount:	\$ _____ %

How often would you like to invest? Monthly Quarterly Annually

On or about what day? _____ If no date is specified, investments will be made on the 15th of each month.

Complete Section 7 of this form to provide us with the necessary bank information. A signature guarantee (as described in Section 9) is required to add or change bank information.

4 ACH TRANSACTIONS

Please check the appropriate box below to authorize the addition of or change to ACH transaction privileges connected to your Segall Bryant & Hamill Funds account.

- I would like to add ACH transaction privileges between my Segall Bryant & Hamill Funds account and my bank account. I understand that this addition authorizes me to make transactions via telephone or via Segall Bryant & Hamill Funds' online Transaction Center.
- I would like to change the bank information currently connected to my Segall Bryant & Hamill Funds account for ACH transactions.

Complete Section 7 of this form to provide us with the necessary bank information. A signature guarantee (as described in Section 9) is required to add or change bank information.

Note: Your bank or financial institution may charge additional fees for ACH transfers.

5 WIRE TRANSFERS

Please check the box below to authorize wire transfers to and from your Segall Bryant & Hamill Funds account.

- I would like to add wire information to my Segall Bryant & Hamill Funds account and authorize wire transfer privileges. I understand that wire transfers are only available via telephone call transactions placed with a Segall Bryant & Hamill Funds Investor Service Representative or via mail. Please see the current Segall Bryant & Hamill Funds Prospectus for additional information regarding wire transactions.

Complete Section 7 of this form to provide us with the necessary bank information. A signature guarantee (as described in Section 9) is required to add wire transfer information.

Note: Your bank or financial institution may charge additional fees for wire transfers. All wires are subject to a \$1,000 minimum.

6 SYSTEMATIC WITHDRAWALS

Please complete this section to authorize automatic transfers from your Segall Bryant & Hamill Funds account to your bank account. To establish systematic withdrawals, you need a minimum of \$10,000 in your account. Systematic withdrawals have \$50 minimum and must be in multiples of \$50.

- I would like to authorize systematic withdrawals from my Segall Bryant & Hamill Funds account on the ____ day (or the next business day) of each:
 - Month
 - Quarter
 - Year

Please indicate the Fund and dollar amount.

Fund Name	\$	Dollar Amount
Fund Name	\$	Dollar Amount
Fund Name	\$	Dollar Amount

Please tell us how you would like your redemption sent:

- via Direct Deposit
 - Complete bank information in Section 7. A signature guarantee (as described in Section 9) is required to add or change bank information.**
- via Check
 - If you would like your redemption check sent to an address other than the address of record, please complete below. A signature guarantee (as described in Section 9) is required to send your redemption check to a different address.**

Street Address	City	State	Zip Code
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7 BANK INFORMATION

Please attach a voided check or savings deposit slip from your bank account and complete this section.

Account type: Checking Savings

Name on Bank Account _____ Name of Bank _____

ABA Routing Number (first nine digits at bottom left on check) _____ Bank Account Number (include branch number) _____

Any co-owner of your bank account who is not a co-owner of your Segall Bryant & Hamill Funds account must authorize these services by signing here. **The signature must be guaranteed as described in Section 9.**

Co-Owner's Signature _____ Date _____

8 YOUR SIGNATURE

- By signing below you authorize Segall Bryant & Hamill Funds to make the changes as indicated on this form.
- If a signature guarantee is required, you must sign in front of an eligible signature guarantor as described in Section 9.
- All Segall Bryant & Hamill Funds account owners must sign.

Signature of Owner _____ Date _____

Signature of Joint Owner _____ Date _____

9 SIGNATURE GUARANTEE

- A signature guarantee is required for adding or changing the following: automatic investments, systematic withdrawals, bank information or wire information.
- To protect our shareholders against fraud, Segall Bryant & Hamill Funds requires a "Medallion Signature Guarantee" which can be obtained from a bank or trust company, credit union, broker, dealer, securities exchange or association, clearing agency or savings association.
- Be sure to verify that the institution is an eligible Medallion Signature Guarantor prior to signing.
- Please note that a notarized signature from a Notary Public is **not** acceptable.

Name of Guarantor Institution _____

Signature of Officer _____ Title _____

Stamp:

Mail to: Segall Bryant & Hamill Funds
 P.O. Box 44323
 Denver, Colorado 80201-4323
 Questions: (800) 392-2673



THANK YOU FOR YOUR INVESTMENT IN SEGALL BRYANT & HAMILL FUNDS.
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